

Name:

City of Junction City, Kansas Request for Inspection/Copy of Open Records

Address:					
(Street)	(City and State)				
m.ii.					
Telephone: (Please include area of	code) (Fax number if available)				
(Trease metude area e	(Fax number if available)				
Record Sought: Please provide a	specific description of the record(s) you desire to				
inspect/copy. Please include record	d titles and dates. Use additional sheets if necessary.				
Check one: D Copy D Inspe	ction				
Would you like to receive your	copy records by:				
DW " DE D "					
D Mail D Fax D e-mail	Your e-mail address				
	1 our e-mail address				
Dloogo Dood and Sign Do	Now Patana any Doguments are Paleaged				
r lease Keau and Sign Do	elow Before any Documents are Released				
The requester does not intend to, and will not: (A) Use any list of names or addresses contained in or					
derived from the records or information for the purpose of selling or offering for sale any property or					
service to any person listed or to any person who resides at any address listed; or (B) sell, give or					
otherwise make available to any person any list of names or addresses contained in or derived from the					
records or information for the purpose of allowing that person to sell or offer for sale any property or					
service to any person listed or to any	person who resides at any address listed. (K.S.A. 45-220)				
Signature:	Date:				
D					
Print Name:					

PLEASE DO NOT WRITE BELOW THIS LINE

Charges: A charge for providing access of public records is authorized by state law and has been established by the City governing body. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City can be found in Article Ill. Public Records Section 100.040 of the City Ordinances located on the City's web site.

Number of Copies_	X	\$.25/page	(a)	
Staff Time	Hours	Minutes	(b)	
Total charge for acce	essing the reco	ords requested:		